WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of 17-73 stated.

Conder of 17-73 stated.

Look of Child Birth a Separation order of 17-73 stated.

Color or and the number of each in order of 17-73 stated.

Sex of Child Birth a Separation order of 17-73 stated.

Sex of Child Birth a Separation order of 17-73 stated.

Sex of Child Birth a Sex of Child Birth a Sex of Child Birth and the number of Child Birth and Child Birth

PLAGE OF BIRTH	ARIZONA	A STAT	E BOARI		EALJ	ГН
County of QUXXI	BUREAU C	F VITAL ST	ATISTICS $oldsymbol{1}$	54 State I	ndex A	176-
District of Martalana	ORIGINAL CI	RTIFICAT	E OF BIRTH	Co. Reg	ister No	369
Town of				Local Regist	rar's No.	
OF City of	(Np	Δ	St	, 	,	Ward)
FULL NAME OF CHILD	My on	111191	n I I		_	
If child is not named, make Supplemental	Report on blank	Cobtainable f	rom Idaal ragista		Born (	YES
Sex of 1 win,	( ) Num	her	II V Data of		<u>, 77</u>	==
Child Triplet or other	and in ord		#M∧ Birth	(Month) (1		191 b (Yr.)
Full Name WM/000msbury	****	Full Maiden Name	ada Wal			(11.)
Residence OKIMAIN		Residence	Mand	100/		
Color Age at last	<del>111)  </del>	Color	Thirmin	VVV Age at last	-21-	
or Race U Birthday	(Years)	or Race	Uh.	Birthday.	(Yea	ars)
Birthplace 6 My		Birthplace	Wah			
Ocempation ()		Occupation	Morrante			
1	of this mother, now living	W W	ere precautions taken again	nat Ophthalmia neonat	horum?	<u> </u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*						
hereby certify that I attended the birth of above child; and that it occurred on A A 191 6, at 9,6 M.						
cian or midwife, then the householder should make this return.	,,,,	(Signature)	(Attending physi	Marin	UMM/	
Given or christian name added from a		Addr	Show	DAN		
supplemental report191	Filed Lept		March.	But		********
3 2 8-9/9-162 COUNTY REGISTRAR.	Filed and	A Tru	ie Copy	LOCAL RECOUNTY RE	Trest	<u>\bar{\bar{\bar{\bar{\bar{\bar{\bar{</u>
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